

Case Number:	CM14-0148730		
Date Assigned:	09/18/2014	Date of Injury:	09/08/2011
Decision Date:	11/14/2014	UR Denial Date:	09/06/2014
Priority:	Standard	Application Received:	09/12/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient sustained an injury on 9/8/11 while employed by [REDACTED]. Request(s) under consideration include Physical therapy (3) three times (4) four for lumbar spine and Pain management consultation for lumbar epidural injections. Diagnoses included lumbosacral neuritis/ lumbago/ sprain; and somatoform disorder. Conservative care has included medications, aquatic and physical therapy (at least 62 sessions), and modified activities/rest. Report of 8/26/14 from the provider noted the patient with worsened symptoms and wishes to consider epidural steroid injections. Exam showed lumbar spasm, reduced sensation at left L5 and S1 distribution; diffuse 4/5 motor strength at bilateral ankle dorsiflexors, ankle flexors, and EHL with positive SLR on left. Request included PT and ESI. The request(s) for Physical therapy (3) three times (4) four for lumbar spine and Pain management consultation for lumbar epidural injections were non-certified on 9/6/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical therapy (3) three times (4) four for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99.

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions of at least 62 sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical therapy (3) three times (4) four for lumbar spine is not medically necessary and appropriate.

Pain management consultation for lumbar epidural injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), Page(s): 46. Decision based on Non-MTUS Citation Chapter 7-Independent Medical Examinations and Consultations, page 127

Decision rationale: X-rays of the lumbosacral spine dated 4/24/14 showed incidental sclerotic density overlie the iliac bone that could represent benign bone island or sclerotic neoplasm cannot be excluded; mild to moderate multilevel disc space narrowing with hypertrophy at L3-S1. Report of 9/8/14 from the orthopedist noted "We have recommended to avoid operative intervention" and "We are not recommending surgery at this time." The patient does not wish to proceed with a SCS and the provider noted that he will not take over the role as primary treater and recommended the patient be possibly P&S if there is no aggressive treatment authorized or performed. Diagnoses included thoracic or lumbosacral neuritis or radiculitis. MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support the epidural injections. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for pain management consult for the epidural injection. Lumbar epidural injections may be an option for delaying

surgical intervention; however, there is no surgery planned or identified pathological lesion noted. As the LESI is not indicated, thereby, the pain consult for LESI is not indicated. The Pain management consultation for lumbar epidural injections is not medically necessary and appropriate.